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PTO/SB/21 (09-04)

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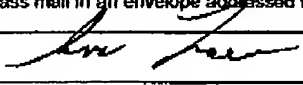
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10 035 987
	Filing Date	Dec. 24 2005
	First Named Inventor	ISAAC LEVASON
	Art Unit	2155
	Examiner Name	David LAZARO
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
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Remarks Yoni Lavi - second inventor required signature		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
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Printed name	ISAAC LEVASON		
Date	12.29.05	Reg. No.	

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Typed or printed name	ISAAC LEVASON	Date	12.29.05

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**REVOCATION OF POWER OF
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Application Number	10035987
Filing Date	Dec. 24 2001
First Named Inventor	MARK LEVONOV
Art Unit	2155
Examiner Name	David Lugero
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

OR

☒ Firm or
Individual Name

SDVU

Address

28 Levy Eshel st.

City

Ramana

State

Zip 43703

Country

ISRAEL

Telephone

+972-544-725-899

Email

nveit@sdvu.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Yoni Levi

Date

12.29.05

Telephone

+972-544-725-899

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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